

**NORTH CAROLINA COMMISSION FOR MENTAL HEALTH,  
DEVELOPMENTAL DISABILITIES AND  
SUBSTANCE ABUSE SERVICES**

**Advisory Committee Minutes  
Clarion Hotel  
320 Hillsborough Street  
Raleigh, NC**

**Thursday, April 10, 2008**

**Attending:**

Marvin Swartz, MD, Dorothy Rose Crawford, Laura Coker, Sandra C. DuPuy, Ann Forbes, Emily Moore, Ranota Thomas Hall, MD

**Ex-Officio Committee Members:**

Bob Hedrick, Robin Huffman

**Excused:**

Martha Macon

**Division Staff:**

Steven Hairston, Denise Baker, Marta T. Hester, Andrea Borden, Tonya Goode, Rebecca Carina, Lynell Otto, Christina Carter, Laura White, Dr. Michael Lancaster, Susan Kelley

**Others:**

Paula Cox Fishman, Erin McLaughlin, Louise G. Fisher, John L. Crawford, Tara Fields, Rebecca King, Joe Donovan, Jeffery Morgan, Jack Register

**Handouts:**

1. Draft Workforce Development Initiative Report
2. Handout on Powerpoint Presentation, entitled "Access to Healthcare: Dental Health Care for MH/DD/SAS Consumers"
3. Access to Care: Hospital Staffing Levels
4. Clinical Coverage Policy No.: 8A on Community Support Services

**Call to Order:**

The meeting was called to order by Dr. Marvin Swartz, Chairman, Advisory Committee, at approximately 9:50am. Following the welcome and introductions, Dr. Swartz reviewed the day's agenda and the minutes from the January 17, 2008 meeting. He indicated that the minutes of the January 17, 2008 meeting could not be approved at the outset of the meeting because a quorum was not yet in attendance. The minutes were approved once a quorum was established.

*Upon motion, second, and unanimous vote, the Advisory Committee approved the minutes of the January 17, 2008 Advisory Committee meeting.*

**Access to Healthcare: Community Support Services:**

Christina Carter, Implementation Manager, NC Division of Mental Health, Developmental Disabilities and Substance Abuse Services (NC DMH/DD/SAS), gave a presentation on

Community Support Services to the Advisory Committee. This presentation was designed to address the following issues:

1. What has been tried
2. What has been learned as a result
3. What has been successful (what we have been pleased with)
4. What issues remain of concern

Ms. Carter received the following question from the Advisory Committee:

- Dorothy Rose Crawford, Advisory Committee Member, asked if workforce issues were considered when the person centered plan/community support was put into place.
- Robin Huffman, Ex Officio Committee Member questioned the existence and response to “signature mills”
  - Ms. Carter acknowledged awareness of this issue and indicated that efforts are being made to address it
- Louise Fisher, attending as a member of the public, questioned how one should respond upon becoming aware of provider agencies approaching consumers/family members in churches, schools, other locations, offering to take them to the grocery store under the guise of providing mental health services.
  - Ms. Carter advised that such issues should be reported to the Medicaid Fraud Unit
- Ms. Huffman noted that staff needs to be trained in dealing with medically complex needs
- Dr. Swartz advised that the Advisory Committee had passed a resolution in the past asking the Secretary of the NC Department of Health and Human Services to re-instate training requirements.
- Laurie Coker, Advisory Committee Member, emphasized that workforce training for the community support definition must include foundational instruction on psycho-social rehabilitation and a true recovery orientation.

#### **Access to Healthcare: Dental Health Care for MH/DD/SAS Consumers:**

Dr. Rebecca King, Chief of the Oral Health Section, NC Division of Public Health, presented a power point presentation to the Advisory Committee on the status of dental health care in the State of North Carolina and also provided an overview of the services provided by the Oral Health Section within the NC Division of Public Health.

Dr. King received the following questions and comments from the Advisory Committee:

- Dr. Swartz asked if it was correct that North Carolina was one of the toughest states to get a credential or license as a dentist and Dr. King confirmed that his assumption was correct.

#### **Access to Healthcare: Staffing Levels at Facilities:**

Laura White, State Operated Services, NC DMH/DD/SAS, discussed the hospital staffing levels. She advised the committee members that Secretary Benton wants more standardized processes in all of the hospitals because over the years each hospital has operated somewhat autonomously. Ms. White indicated that the Operations Management Workgroup is actually addressing the staffing levels within the hospitals. One way the workgroup is addressing this issue is by looking at benchmarks and the ratios established by other states to develop staffing at hospitals. North Carolina also needs to increase staffing levels for nursing and social work due to the high turnover rate in hospitals. Ms. White advised that the next issue the workgroup will address is how to attract and keep staff employed with the right attitudes and skills set, while helping those already employed to grow and develop additional skills.

Ms. White received the following questions and comments from the Advisory Committee:

- Emily Moore, Advisory Committee Member, asked Ms. White if there was a plan in place to hire more healthcare technicians.
  - Ms. White responded positively and advised that the workgroup is also considering a career ladder for healthcare technicians.
- Ann Forbes, Advisory Committee Member, questioned why the hospital turnover rate for patients is so high in the state.
  - Ms. White explained that another workgroup was addressing this issue.
  - Dr. Michael Lancaster, Co-Director, NC DMH/DD/SAS, further added that a lot of the patients coming into the system today are actually new patients.
- Dr. Diana J. Antonacci, Advisory Committee Member, commented that some of the patients in the hospital are unable to leave because of housing issues. She noted that housing availability as an issue is implicit in recidivism rates.
- Laura Coker, another committee member, added that even in homeless shelters, some of the people there are unstable. She indicated that hospitals have become “de facto” crisis centers.

**Update on Workforce Development Initiative Report:**

Dr. Lancaster informed the Advisory Committee that the most significant change to the Workforce Development Initiative Report is that instead of recommending that a Workforce Development Section be instituted within the NC DMH/DD/SAS, the recommendation has been changed to a Workforce Development Specialist. This position will be a cross-sectional, higher level position. Steven Hairston, Chief, Operations Support Section, NC DMH/DD/SAS, advised the Committee that several states already use the Workforce Development Specialist model such as New York, the Southern portion of Texas and Georgia. Dr. Lancaster also told the Committee that the report will be presented at the next Legislative Oversight Committee on Mental Health, Developmental Disabilities and Substance Abuse Services.

Dr. Swartz stated that this change was a realistic compromise; however, more needs to be done. He further added that comments should be provided under this recommendation that this is a first step a short term goal. He agreed to craft the language to this effect and send to the DMH/DD/SAS to be included within the report. Joe Donovan, a former Ex-Officio Committee Member, requested that language on a peer support workforce be included within the report and agreed to draft it and send to Dr. Lancaster by Monday, April 14, 2008. Rebecca Carina, Team Leader, Planning Team, NC DMH/DD/SAS, reviewed the remainder changes, which were minor, to the Workforce Department Initiative Report with the committee members.

***Upon motion, second, and unanimous vote, the Advisory Committee accepted the Workforce Development Initiative Report as revised with the new recommendations added.***

The Committee also agreed to wait to further discuss and adopt the resolution on Rule 10A NCAC 26C .0100, Designation of Facilities for the Custody and Treatment of Involuntary Clients until the revised rule was presented again to the full Commission.

**Brainstorming Session on Priority Areas for 2008:**

Laura Coker, Advisory Committee Member, recommended that the Advisory Committee consider how Commission policy. i.e., rule language is created so that the Commission might have a more active role in this process. Mrs. Coker further stated that the Commission's charge is set forth in statute and therefore should be more accountable in its involvement in policy development. For instance, perhaps there should be a process by which the Commission proactively informs policy content. Dr. Swartz advised that he will approach Steve Hairston and Pender McElroy, Chairman, NC Commission of MH/DD/SAS, regarding the best way to approach this topic. Committee members Sandra C. DuPuy and Ms. Forbes recommended that the committee focus on issues involving health care such as primary care and integrated general health care provided to consumers receiving mental health, developmental disabilities and substance abuse services as the priority areas of concern during the remainder of the year.

**Public Comment:**

Louise Fisher stated that she agreed with Ms. Coker regarding her concerns about the manner in which policy is created within the state. Jack Register, National Association of Social Workers-NC, offered the services of his association should questions and needs arise about training resources around mh/dd/sas issues.

***There being no further business, the meeting adjourned at 2:35pm.***